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11 February 2004

To: U.S. Patent & Trademark Office**From:** Stephen Macevicz**Group Art Unit:** 1772**Phone:** (650) 210-1223**Examiner:** DONALD J. LONEY**Fax:** (650) 210-12101**Fax:** (703) 872-9306**Pages:** 3 including this cover sheet-**Phone:****Date:** 11 February 2004**Re:** U.S. Patent Application
Serial No. 10/088,922

Filed 22 August 2002

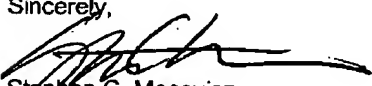
Attorney Reference: 115.00US

Dear Examiner Loney,

Please see attached Revocation of Power of Attorney and Appointment of New Power of Attorney for the above referenced patent application.

Thank you.

Sincerely,


Stephen C. Macevicz,
Registration 30,285
(650) 210-1223 Direct

02/11/2004 04:31 FAX 650 210 1210

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PTO/SB/21 (08-03)

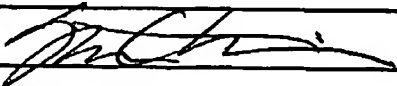
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/088,922	
	Filing Date	22 August 2002	
	First Named Inventor	Andreas Neyer	
	Art Unit	1772	
	Examiner Name	D.J. Loney	
Total Number of Pages in This Submission	1	Attorney Docket Number	115.00US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Facsimile Transmission cover sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Stephen C. Macevitz, Registration No. 30,285
Signature	
Date	11 February 2004

CERTIFICATE OF MAILING BY FACSIMILE TRANSMISSION TO (703) 872-9306			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number (703) 872-9306 on the date shown below.			
Typed or printed name	Virginia Griffith		
Signature		Date	11 February 2004

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PTO/SB/82 (06-03)

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REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY	Application Number	10/088,922
	Filing Date	22 August 2002
	First Named Inventor	Andrea Neyer
	Art Unit	1772
	Examiner Name	Donald J. Loney
	Attorney Docket Number	115.00US

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number :

33603

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with Customer Number:

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OR

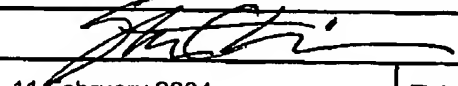
<input type="checkbox"/> Firm or Individual Name					
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Stephen C. Macevicz, Registration No. 30,285		
Signature			
Date	11 February 2004	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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